

**Please fill out the following forms and either mail it or drop it off to MacColl Field YMCA's office**

**Please Note:**

**Please call and check for availability - enrollment is not guaranteed.**

A registration fee of \$35.00 is due at time of registration and is non-refundable

**MacColl Field YMCA**

Attn: Child Care Registration

26 Breakneck Hill Road

Lincoln, RI 02865

(401) 725-0773



MACCOLL FIELD YMCA  
 CHILD CARE SERVICES APPLICATION  
**BF Norton 2009-2010**  
 (1<sup>st</sup> - 5<sup>th</sup> grade / BF Norton, Garvin)



(McCourt Middle School students will be accepted for After School program only--parent responsible for transportation approval)

Child's Name: \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

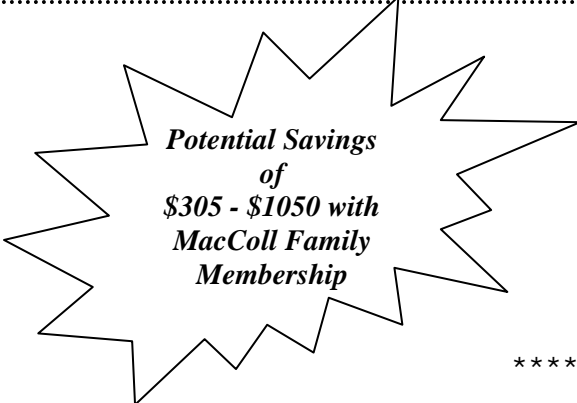
Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Estimated Drop Off Time: \_\_\_\_\_ / Pick-Up Time \_\_\_\_\_

Please provide us with a preferred E-Mail Address that you would like us to use to contact you:

\_\_\_\_\_ Contact Name: \_\_\_\_\_

**\*\*REGISTRATION FEE OF \$35.00 IS DUE AT TIME OF REGISTRATION AND IS NON-REFUNDABLE\*\***



*Potential Savings  
 of  
 \$305 - \$1050 with  
 MacColl Family  
 Membership*



*MacColl YMCA  
 Family Membership  
 \$120 per year*

**WEEKLY CHARGES**

\*\*\*\*Prices Subject to Change\*\*\*\*

		Member	Participant
_____ Early Risers Only	7:00am- 8:30am	\$40.00	\$60.00
_____ After School Only	Dismissal- 5:45pm	\$80.00	\$95.00
_____ Early Risers & After School	7:00am- 8:30am Dismissal- 5:45pm	\$105.00	\$130.00

**I have received a copy of the MacColl Field YMCA Parent Handbook**

(Parent / Guardian Signature) \_\_\_\_\_

_____ Start Date	_____ Medical Form	_____ Payment Form
_____ Processing Fee	_____ Staff Initials	_____ Today's Date

# MacColl Field YMCA

## Emergency and Snow Dismissal Policy

**\*\*\*Keep for your Records\*\*\***

If schools are cancelled, our programs are **cancelled**. If it is possible, we will try to accommodate parents by opening at **MacColl Field YMCA (for Lincoln, North Providence and Cumberland programs) and Four Corners Early Learning Center (for Four Corner programs)**. This decision is based on several factors, including the ability to plow roads and the parking lot, and staff availability.

Once the decision has been made to open or close, the office will be alerted. Please do not attempt to travel to MacColl or Four Corners ELC unless you have spoken to someone at the office. Please do not assume that we will be open. **You can begin to call the MacColl Field Office after 6:30 at 725-0773 or Four Corners ELC at 333-6402.**

If school is delayed, we are open. **Sites located at the schools will have a delayed opening (same delay time as school)**. MacColl Field Site and Four Corners will open at regular time. If morning or afternoon Kindergarten is cancelled, we will provide all day childcare.

If school is released early, **there will be no after school childcare**. Your child should go home on their "REGULAR" or "TO HOME" school bus and PARENTS should make arrangements for proper supervision at home. If public school is released early, we encourage parents of Kindergarten and Preschool programs to pick up their child early.

Please make alternate care plans now for weather related situations.

Thank you for your cooperation.

If you have any further questions, please call us at  
725-0773.

Thank You  
YMCA Staff

Dear Childcare Families,

In the event of the elementary schools closing early or canceling all after school programs due to either a weather or building emergency we want to make sure we know what your child is to do at dismissal. These decisions are made based on current conditions and take into account the safety of the children. Please note, your child should also know what their weather emergency plan is so they know that they will not be going to the YMCA after school. During weather related emergencies we encourage you to listen to the radio or log on to the Turn to 10 web site where a listing of all cancellations will be available. We will make every attempt to contact you directly.

Since the information of what your child is to do during a weather emergency is very important to us as well as your child's school we will be sharing the below information with your child's school so they know how your child will be getting home from school.

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Child's Name \_\_\_\_\_

School Attending \_\_\_\_\_ grade \_\_\_\_\_

Please check off **ONE** of the following:

\_\_\_ my child will take the **bus home Bus#** \_\_\_\_\_

\_\_\_ my child will be picked up from school

*All applications are updated annually.  
Parents must **immediately** notify the site and  
MacColl Field of any changes on the child's  
information sheet, and on the pick-up list.*

### **CHILD'S INFORMATION SHEET**

**Child's name:** \_\_\_\_\_

**Home address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Home phone:** (\_\_\_\_) \_\_\_\_\_ **Date of birth:** \_\_\_\_\_

**Child resides with:** \_\_\_ Both parents \_\_\_ Mother \_\_\_ Father  
\_\_\_ Other (please specify) \_\_\_\_\_

#### **Parent / Guardian information**

Male: \_\_\_ Female: \_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Place of employment/ school: \_\_\_\_\_

Work number: (\_\_\_\_) \_\_\_\_\_ ext \_\_\_\_\_ Cell/Other: (\_\_\_\_) \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

#### **If different than child's;**

Home address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home phone: (\_\_\_\_) \_\_\_\_\_

#### **Parent / Guardian information**

Male: \_\_\_ Female: \_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Place of employment/ school: \_\_\_\_\_

Work number: (\_\_\_\_) \_\_\_\_\_ ext \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

#### **If different than child's;**

Home address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home phone: (\_\_\_\_) \_\_\_\_\_

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#### **Emergency Contact (other than parent)**

1) Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Home phone: (\_\_\_\_) \_\_\_\_\_ Work phone: (\_\_\_\_) \_\_\_\_\_

2) Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Home phone: (\_\_\_\_) \_\_\_\_\_ Work phone: (\_\_\_\_) \_\_\_\_\_

## **RI Department of Health Program**

*All applications are updated annually.  
Parents must **immediately** notify the site and  
MacColl Field of any changes on the child's  
information sheet, and on the pick-up list.*

**MACCOLL FIELD YMCA  
PICK UP LIST**

**Child's name:** \_\_\_\_\_

**Home address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Home phone:** (\_\_\_\_) \_\_\_\_\_

Please fill out the following information for parents/ guardians  
who are **ALLOWED** to pick up the child:

**Mother's name:** \_\_\_\_\_

Work phone: (\_\_\_\_) \_\_\_\_\_ Cell/Other: (\_\_\_\_) \_\_\_\_\_

**Father's name:** \_\_\_\_\_

Work phone: (\_\_\_\_) \_\_\_\_\_ Cell/Other: (\_\_\_\_) \_\_\_\_\_

List the names and addresses of individuals **ALLOWED** to pick up your child  
from the MacColl Field YMCA program sites.

<b>NAME</b>	<b>ADDRESS</b>	<b>RELATIONSHIP</b>	<b>PHONE</b>
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____
6. _____	_____	_____	_____

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List the names and addresses of individuals **NOT ALLOWED** to pick up your  
child from the MacColl Field YMCA program sites. **(Please attach a copy of  
any custody or restraining orders in effect.)**

<b>NAME</b>	<b>ADDRESS</b>	<b>RELATIONSHIP</b>	<b>PHONE</b>
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____



**MACCOLL FIELD YMCA  
AGREEMENT OF MEDICAL SERVICES**

In consideration of admittance, I \_\_\_\_\_  
**(parent or guardian)**  
hereby authorize the MacColl Field YMCA to arrange for medical  
examination and/or treatment of my child \_\_\_\_\_  
**(child's name)**

should an emergency arise at the center or on a field trip. It is  
understood that a conscientious effort will be made by the center to  
contact me at the emergency numbers I have provided, before any  
medical action is taken.

I would prefer to have my child, if the need arises, taken to  
\_\_\_\_\_ Hospital\*.

\*Choice of hospital may be limited by service of local rescue squad.

I have received a copy of and understand the health care policy.  
**(attached - please retain for reference)**

X \_\_\_\_\_  
**Parent/Guardian Signature**

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Please list any medical conditions your child has:

Medical concerns/ conditions: \_\_\_\_\_  
\_\_\_\_\_

List ALL Medications your child is currently taking: *(it is **important** that the  
parent/guardian update this list as applicable)*

\_\_\_\_\_  
\_\_\_\_\_

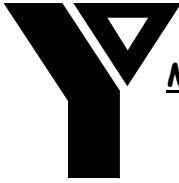
Allergies: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## **Payment Agreement Form**

**Emergency Dismissal and Snow Policy**  
**(1<sup>st</sup> Page)**

**Emergency and Snow Dismissal Policy**  
**(2<sup>nd</sup> Page)**





## HEALTH CARE POLICY

### \*\*\*Keep for your Records\*\*\*

- Please use good judgment when sending your child to child care.
- Children must be able to participate in all activities.
- All allergies must be noted at time of registration.
- Any child who is sent home with a rash or fever, or wakes up with such, must remain home for 24 hr. NO EXCEPTIONS.
- FIRST AID
- A counselor will administer First Aid to your child. All are currently certified in First-Aid and CPR. Parents will be notified, within 24 hours, or sooner when first aid has been applied.
- MEDICATION
- All medication must be in the original container.
- Please hand medication in to the site director only.
- Please do not leave in lunchbox or child's backpack.
- A written note from the physician must accompany non-prescription medication. It needs to state the specific medication, and the exact dose and length of time to be given NO EXCEPTIONS.
- Parents need to fill out a medical release form which can be found at the parents table, for all medications
- Children with asthma may, with written parental consent, and authorization from the physician, carry their own inhalers and use them as needed. Any use of the inhaler will be documented on the child's medical log.
- Children with allergies to bee stings may carry epi-pens to be used as needed. Use will be documented on the child's medical log.
- If your child becomes ill, he/she will be separated from the group to rest quietly. We will contact a parent or emergency contact to pick up the child. Please assure that your contact numbers are accurate.
- COMMUNICABLE DISEASE
- Any child who contracts a fever or rash during child care hours will be isolated from the others, and contacts will be called to pick up child immediately.
- HEAD LICE: are insects that feed off the human body to survive. They lie in the human scalp and are about the size of a sesame seed. Head lice hatch from eggs called nits. These tiny eggs are grayish white, and shaped like tear drops. They attach themselves to the hair shaft and are very difficult to remove. Head lice are very contagious. The YMCA maintains a no nit policy. Children may not return to childcare until they are nit free.

Office Use  
Unit ID # \_\_\_\_\_

**YMCA of Pawtucket, Inc.  
MACCOLL FIELD BRANCH**

**Child Care Weekly Payment Agreement**

I/We agree to pay the weekly fee of \$\_\_\_\_\_ by Friday prior to the week services are offered. I/We understand the full week fee is due whether or not our child \_\_\_\_\_ participates in the program all week.

(print child's full name)

I/We receive child care subsidy from \_\_\_\_\_  
My co-payment is \$\_\_\_\_\_ per week.

***Express Payment Plan***

I/We wish to participate in one of the *Express Payment Plans* (choose only one):

\*\* \_\_\_\_\_ **Bank Draft** (weekly draft from checking or savings account) **VOIDED CHECK NEEDED**  
**Option I**

\_\_\_\_\_  
PRINT NAME ON THE ACCOUNT

\_\_\_\_\_  
NAME OF BANK

\_\_\_\_\_  
9 DIGIT ROUTING NUMBER

\_\_\_\_\_  
7-10 DIGIT ACCOUNT NUMBER or SAVINGS #

\_\_\_\_\_  
AUTHORIZED SIGNATURE

\_\_\_\_\_  
DATE

Checking Savings  
(Circle One)

\*\* \_\_\_\_\_ **Credit Card** (weekly charge to credit card) or Debit Card (weekly charge to debit account)  
**Option II**

\_\_\_\_\_  
PRINT YOUR NAME AS IT APPEARS ON CARD

CIRCLE ONE: MASTER CARD OR VISA ONLY CIRCLE ONE: CREDIT / DEBIT CARD TYPE

\_\_\_\_\_  
CREDIT CARD #

\_\_\_\_\_  
EXP DATE

\_\_\_\_\_  
AUTHORIZED SIGNATURE

\_\_\_\_\_  
DATE

**\*\*Please note:**

- ✘ I / We understand, I / we must submit a 2 week written notice prior to withdrawing my / our child from the childcare program I / we have registered for or my / our account will be charged the full amount.**
  
- ✘ I / We understand the full week's fee is due whether or not my / our child participates in the program all week.**

\_\_\_\_\_  
(Authorized Signature)